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ABSTRACT

Nursing students' views concerning the behavior of faculty role models were studied. The sample consisted of 75 senior-level baccalaureate nursing students, 69 females and 6 males. The theoretical framework for the research was role theory and Bandura's social learning and modeling theory. The Clinical Instructor Characteristics Ranking Scale (CICRS) instrument developed by Rauen was used. The scale consisted of items concerning role behavior characteristics for person, nurse, and teacher. Based on respondents' frequency of rankings, behaviors categorized as nurse role behaviors were ranked highest. Teacher role behaviors were ranked next highest, while person role behaviors were ranked last. There was a statistically significant difference between rankings of nurse and person role behaviors. The significance of the study is that nurse faculty may view themselves as educational role models, whereas students may see their faculty as nurse role models. Nurse faculty may better assist students with socialization into the nurse role through the identification of the nurse behaviors that students perceive to be most important. Statistical findings, the CICRS, and letters concerning the initial start-up of the study are appended. (SW)

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CHARACTERISTICS STUDENTS VIEW AS IMPORTANT IN NURSE FACULTY ROLE MODELS

BY

GENEVA COOPER

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A Thesis
Submitted to the Graduate Faculty
of the University of Mississippi Medical Center
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for the degree of Master of Science in Nursing
in the School of Nursing

University of Mississippi
at the Medical Center
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I certify that I have read this thesis and that in my opinion it is fully adequate as a thesis for the degree of Master of Science in Nursing.

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CHARACTERISTICS STUDENTS VIEW AS IMPORTANT IN NURSE FACULTY ROLE MODELS

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This study dealt with determining the level of importance that nursing students gave to behaviors exhibited by nurse faculty chosen by the student as a nurse role model. The theoretical framework used was Bandura's social learning and modeling theory and role theory. The sample consisted of seventy-five senior level, generic baccalaureate nursing students.

The Clinical Instructor Characteristics Ranking Scale (CICRS) instrument developed by Rauen (1970) was used. The first part of the questionnaire consisted of eighteen items. Items were divided into three equal categories as to person, nurse, or teacher role behavior characteristics. Subjects were asked to rank each of the six items in each category using a scale of one through six, six being the most important. The last section of the CICRS asked subjects to rerank the items ranked five and six as to their level of importance.

Descriptive statistics were used to describe demographic data as well as to rank the items on the CICRS. Total scores on the CICRS were analyzed using the t-test for independent means. The chi-square was used to analyze data in the last section of the CICRS. The level of significance was set at 0.05 for both the t-test and the chi-square.

Hypothesis one, there is no difference between the total ranking of the behaviors categorized as Person (P) and Nurse (N) as measured by the CICRS, was rejected. Hypothesis two, there is no difference between the total ranking of the behaviors categorized as Teacher (T) and Nurse (N) as measured by the CICRS, was not rejected. The third hypothesis, there is no difference between the total ranking of the behaviors categorized as Person (P) and Teacher (T) as measured by the CICRS, was not rejected.

When frequency of responses were scored and ranked, nurse role behaviors were valued higher than person and teacher role behaviors. The practical significance of these findings should alert nurse faculty to be cognizant of the impact they may have as role models.

I. INTRODUCTION

Marlene Kramer stated, "It is inevitable that modeling will occur; teachers and practitioners alike must be aware and cognizant of the kind of model they are portraying" (Kramer, 1968). There has been much written in the literature concerning the role of nurse faculty in providing nurse role models for students. Two studies, Quint (1967) and Charles (1976), support the position that nurse faculty do serve as nurse role models for students and often faculty are unaware of the model they are portraying. Therefore, nursing students are brought into contact with nurse faculty who portray modeling characteristics which are both real and ideal (Kramer, 1968). The students are then left to construct for themselves an image of what nurses should be.

Modeling theory suggests that the basic learning process in the acquisition of a new role occurs when one person identifies with another and imitates their behavior (Bandura, 1969). Role theory further supports modeling theory by asserting that individuals learn the majority of nonintellectual behaviors and dispositions from observing human models (Gagne', 1970). The role modeling phenomenon is included in the theory of behaviorism which proposes that people have a tendency to model attitudes, actions, and feelings displayed

by others. The modeled charactersitics may be good or bad and may carry either positive or negative rewards (Bandura, 1976).

Purpose

The purpose of this study was to determine the level of importance that nursing students gave to behaviors exhibited by nurse faculty which the students perceived to be characteristics of their nurse role model.

Theoretical Framework

The theoretical framework for this study was based on the social learning and modeling theory of Bandura and role theory. Bandura's social learning and modeling theory purported that the characteristics of a role determine the degree to which behavior is adopted by observers (Bandura and Huston, 1961). Bandura (1969) implied that when one person observes the behavior of another, he can acquire the modeled response without actually having performed that response. Bandura (1976) described four interrelated sub-processes of modeling as: 1) attentional, 2) retentional, 3) motoric reproduction, and 4) motivational and reinforcement.

In the attentional process, an observer must attend to, recognize, or differentiate the distinctive features of the model's response. Exposure alone does not mean that

modeling will occur. A variety of attention variables, as well as properties of the modeling cues, will influence which stimuli are observed and which are ignored (Bandura, 1976).

The second subprocess is the retention process. For modeling to occur, a person must retain the original observational inputs in some symbolic way. During the modeling process symbolic coding is taking place. Observers classify the different parts into a more easily remembered scheme. Modeling involves an imaginal phase and a verbal phase. The imaginal phase occurs through sensory conditioning. Modeling stimuli elicit in observers perceptual responses which become integrated with past experiences. Verbal coding facilitates observational learning and retention because it carries a large amount of information in an easily stored form (Bandura, 1976).

The third component of modeling is the motoric reproduction process. Symbolic representations of modeled behaviors are used to guide overt performances. Very complex patterns of behavior are produced by combinations of previously learned components of behavior. Motoric reproductions stabalize and strengthen acquired responses. This implies that learning can be enhanced through practice and is most effective if the motor response or rehearsal occurs after natural segments of the larger

pattern being modeled (Bandura, 1976). In order for people to reproduce modeled stimuli, Bandura (1969) asserted that the individual must: 1) recognize the distinctive features of the model's responses, 2) retain the coded modeling events through covert role-practice which produces rewarding outcomes, 3) use symbolic representations of modeled responses to guide overt role performance, and 4) respond to reinforcing incentive conditions which may be externally applied, self-administered, or vicariously experienced.

The final component is the motivational and reinforcement process. According to Bandura's modeling theory, behavior is maintained in everyday life by people observing the actions of others and the occasions in which they are rewarded and/or punished. Most human behavior is controlled by vicarious reinforcement. People regulate their own behavior largely by self-generated and self-evaluated processes (Bandura, 1976).

Role theorists maintain that roles are learned in the process of social interaction. It is within this interactional process that the individual sees himself and the other person as having particular statuses and both respond with appropriate role behavior (Hardy and Conway, 1978). The individual learns the role behavior in relation to his position in a group. The members of the group have normative beliefs about what constitutes a role and use

itself, or the socially recognized expectations of behavior of a person in that role. The second involves the taking on of a role or imaginative rehearsal before actually performing the role.

Third, role behavior is the action taken to fill a role. A role consists of a prescribed set of behaviors assigned by society as the rights and duties associated with a specific role. This role is given status and position in which the individual's perception and performance of these behaviors validate his claim to that status (Olmsted, 1961). This concept then suggests that the behaviors associated with a role can be identified.

Bandura proposed that the behavior and characteristics of the role can be acquired through the modeling process by observing the actions of others. Role theory, in turn, suggests that the status and position of a role is described as behaviors or characteristics which when assumed by the individual validated his claim to that role. The instrument used for this study has identified the three possible roles for nurse faculty to exemplify as being person role, nurse role, or teacher role. This study then proposed that nursing students may perceive behaviors of nurse faculty in these three roles and value these behaviors in developing a nurse role model.

Problem Statement

Social learning and modeling theory and role theory purported that modeling of behavior will occur when the person values behaviors associated with a specific role. The problem of this study was to determine what level of importance nursing students gave to behaviors exhibited by nurse faculty chosen by the students as nurse role models.

Hypotheses

The hypotheses tested were as follows:

H_{o_1} There is no difference between the total ranking of the behaviors categorized as Person (P) and Nurse (N) as measured by the Clinical Instructor Characteristics Ranking Scale.

H_{o_2} There is no difference between the total ranking of the behaviors categorized as Teacher (T) and Nurse (N) as measured by the Clinical Instructor Characteristics Ranking Scale.

H_{o_3} There is no difference between the total ranking of the behaviors categorized as Person (P) and Teacher (T) as measured by the Clinical Instructor Characteristics Ranking Scale.

Operational Definitions

For purposes of this study, the following operational definitions were used:

1) "Role model: A person, who by virtue of membership in, or as an incumbent of a position in, an organization exemplifies the standard of behavior which has been based on expectations. A role model in nursing would be an effective nurse" (Rauen, 1970).
2) "Effective: Accomplishing goals and expectations" (Rauen, 1970).

Assumptions

The assumptions for this study were:

1) The role of the nurse is definable in that society has ascribed a specific set of behaviors as appropriate to the nurse role.
2) Nursing students learn the role of the nurse by the interactional processes of observation and performance of the nurse role.
3) The nurse role is learned by both formal and vicarious processes.
4) The nursing student can distinguish between behaviors of the person fulfilling the nurse role as either desirable or undesirable.

5) The nurse model will present positive or negative reinforcers which determine the extent to which the effective nurse role is modeled by nursing students.

Significance of Study

The significance of this study is that nurse faculty may view themselves as educational role models, whereas students may see their faculty as nurse role models. The results of this study may provide nurse faculty with information about those behaviors that students view as important in their nurse role model.

Delimitations and Limitations

This study was delimited to senior level, generic nursing students who were enrolled in a baccalaureate nursing program.

Limitations of this study included:

1) The sample was drawn from only one southern school; thus findings may not be generalizable to other regions of the country.
2) The medical center setting posed limitations in that there are differences between schools of nursing located at medical and non-medical

center settings. Thus, the findings from this study may apply only to nursing students enrolled in schools of nursing in medical center settings.

3) The small sample size placed a major restriction on generalizing findings to a broader population.
4) Subjects were volunteers; thus they may have had different views of desirable nurse role model characteristics than those who did not volunteer.

Summary

The problem of this study was to determine the level of importance that nursing students gave to behaviors exhibited by nurse faculty chosen by the students as nurse role models. The social learning and modeling theory of Bandura and role theory were adopted as the theoretical framework for this study. The three hypotheses tested were stated.

Operational definitions for "role model" and "effective" as used in this study were given. Assumptions, significance, delimitations and limitations of this study were delineated. The rationale for determining the behaviors exhibited by nurse faculty chosen by nursing students as nurse role models is supported by the review of literature in the following section.

II. REVIEW OF LITERATURE

The following section covers a sample of the research and non-research literature available in the area of role theory and social learning and modeling theory.

Non-Research Literature

Much has been written concerning role theories. Turner (1956), Brim (1966), and Hardy and Conway (1978) all supported the position that roles are learned in the process of interacting with others and may be learned either by observation or imagination. Society has assigned certain behaviors as appropriate for specific roles and society controls the reward-punishment system.

Olmsted (1961) further supported the position that roles are learned behavior and these roles carry a set of societal expectations. The notion of role assumed that the focus will be on similarities instead of differences in terms of societal expectations. By observation, one could identify the role of another.

Bandura emphasized the importance of social learning and modeling theory in the acquisition of new behaviors. By observing another person's behavior, an individual could model that behavior without actually ever having performed an overt response (Bandura, 1969). Bandura (1976) listed the four sub-processes of modeling as attentional,

retentional, motoric reproduction, and motivational and reinforcement.

Klausmeiere and Goodwin (1966) supported Bandura's social learning and modeling theory when they asserted that the major processes involved in imitating learning are observing and patterning one's behavior after that of a model. This theory has many implications for those in role modeling positions since Bandura and Huston (1961) and Bandura, Ross and Ross (1963) proposed that role models do possess certain characteristics which others choose to imitate. These characteristics determine the degree to which observers adopt the model's behavior. Gagne' (1970) implied that students learn the majority of non-intellectual kinds of capabilities and dispositions from human models.

Several non-research articles have been written concerning the role of nurse faculty in providing nurse role models for nursing students. Quint (1967) described the "socialization role" into nursing of baccalaureate students. Quint supported the position held by many that teachers in baccalaureate programs teach students what they should do without themselves serving as role models. Charles (1976) asserted that students identify with people they consider to be successful and imitate their behavior. He concluded that teachers do have a potential for serving

as a role model, both personally and intellectually. Enthusiasm and excitement were the two characteristics that he considered to be most important.

Jourard (1964) maintained that nurse faculty must practice their profession in order for the student to learn the professional role. Jourard asked the question, "What kind of role-model are you as an educator?" He stated the two critical elements necessary for one to become an effective role model were enthusiasm and interpersonal competence. Although not a research study, Jourard did point out specific behaviors he considered important for nurse faculty to have.

Research Literature

There is significant literature which suggested that nurse faculty do serve as nurse role models for nursing students. Several multi-relational studies have been done as to the role of the nurse and nurse role modeling, but only the studies most pertinent to nurse faculty and nursing students will be cited.

Jacobson (1966) used the critical incident technique to identify effective and ineffective behaviors of nurse faculty as described by their students. The sample from the population consisted of 961 undergraduate students of nursing in five universities in the southern region. After

collecting data, 1,182 usable critical incidents were grouped into the following six categories. These were:

1) availability to the student;
2) apparent general knowledge and professional competence;
3) interpersonal relations with students and others;
4) teaching practices in classroom and clinical areas;
5) personal characteristics; and
6) evaluation practices.

Using Jacobson's research findings on effective and ineffective nurse faculty behavior, Rauen (1970) devised the Clinical Instructor Characteristics Ranking Scale (CICRS) to determine whether nursing students expected nurse faculty to be role models and if they did, what behaviors they expected. The behaviors included characteristics exhibited by nurse faculty in the person, nurse, and teacher roles. From this study, Rauen concluded that the major behaviors nursing students chose to model came from the nurse role behavior grouping.

Two studies have been done which compared nurse faculty's and nursing students' perceptions of nurse faculty role models. Stuebbe (1980) used both Jacobson's 1966 study and Rauen's 1970 study as a basis for comparison. Stuebbe found that nurse faculty ranked teacher behaviors

most important, while students ranked nurse behaviors the highest.

Melick and Bellinger used a questionnaire to compare baccalaureate student and faculty beliefs in regard to role modeling in nursing. The findings were that most nurse faculty saw themselves as role models, but less than one-half of the students saw faculty as their nurse role model. Students stated that nurse faculty should be nurse role models, whereas faculty were more likely to state that staff nurses should be the nurse role model for students (Melick and Bellinger, 1979).

Two studies will be cited concerning student socialization into the professional nurse role. Oleson and Davis (1966) did a longitudinal study in which it was found that nursing students tended to place value on traits similar to those emphasized by their nurse faculty. Crocker and Brodie (1974) conducted a study to measure congruence between nursing students' perceptions and faculty views of the professional role. The results showed that students tended to take on the same views as nurse faculty as their graduation neared.

Summary

The literature provided support for the position that much, if not most, of human behavior is acquired by

modeling the behavior of others. This modeling phenomenon is enhanced when the model exhibits behaviors which are similar to those that the other wishes to imitate. Nursing students generally expect their nurse faculty to exhibit those behaviors which are characteristic of nurse models. Nurse faculty may or may not share similar views. Nurse faculty may better assist students with socialization into the nurse role through the identification of those nurse behaviors that students perceive to be most important.

III. MATERIALS AND METHODS

Introduction

The purpose of this study was to provide an accurate and meaningful descriptive picture of the level of importance nursing students placed on certain behaviors of their nurse role model. The research design, sample, data collection procedure, instrumentation, and data analyses will be discussed in this section.

Research Design

The design of this study was nonexperimental in nature as the data were collected in the study subjects' natural classroom setting through use of the questionnaire method. The nonexperimental descriptive design provided many advantages. Research subjects were asked to complete the ranking scale instrument using real-life situations; thus artificial conditions were eliminated. This study was conducted without deliberate manipulation of the variables or control over the research setting which may allow for more direct applicability of research findings.

Other strengths of this research design included the fact that volunteer study subjects were easily obtained and the data collection procedure was economical in both time and money. The major disadvantage of using the nonexperimental descriptive design was that due to lack of

control and manipulation of extraneous variables, only associative relationships may be implied (Abdellah and Levine, 1979).

Sample

The convenience sampling method was used for this study. The sample consisted of seventy-five generic, senior nursing students who were enrolled in a baccalaureate program located in a southern medical center, Fall semester, 1981. All research subjects volunteered to participate in this study and were within one semester of graduation. The original sample consisted of eighty-two subjects. Seven of the original sample were deleted since six were already registered nurses and one incorrectly completed the questionnaire.

Data Collection

The researcher requested permission to use nursing students as study subjects from the Dean of the School of Nursing. The letter of request is found in Appendix A. Permission was granted by the Dean (Appendix B). A letter requesting that the study be exempt from institutional review was sent to the Chairman of the Institutional Review Board and is found in Appendix C. Appendix D contains the letter of support to the Institutional Review Board from the Associate Dean for Graduate Studies. The study was

exempted from institutional review (Appendix E). A senior nursing course instructor was then contacted by the researcher and arrangements were made for a date and time for distribution of the Clinical Instructor Characteristics Ranking Scale (CICRS) instrument to research subjects.

Prior to the distribution of the CICRS instrument, research subjects were assured of anonymity and were advised that participation in the study was voluntary. Research subjects were informed that completion and return of the questionnaire implied consent for use of the data. The investigator informed research participants that upon completion of the study, an abstract would be made available to them through their nursing instructor.

The questionnaire which was then distributed to the research subjects consisted of: an explanatory cover letter (Appendix F); a one-page request for demographic data of sex, age, previous hospital work experience, and job function in that work experience (Appendix G); and the one-page CICRS instrument (Appendix H). The investigator distributed the instrument and reinforced the printed instruction with an oral presentation. Time was allowed to answer questions. The research subjects were given twenty minutes to complete the demographic information and rank order the behaviors they viewed as most important in the type of nurse they wished to become. Subjects were

not informed that the eighteen behaviors in the CICRS instrument had been categorized into either person role, nurse role, or teacher role.

Instrumentation

The instrument used in this study was the Clinical Instructor Characteristics Ranking Scale (CICRS). The instrument, developed by Rauen (1970), consisted of eighteen behaviors on a six-point ranking scale. For this study the CICRS instrument was used without modification. The eighteen behaviors were divided into three groups and each behavior was categorized as either person role, nurse role, or teacher role. Characteristics categorized as person role were those behaviors that reflected interpersonal relationship skills such as empathy, kindness, and honesty. Nurse characteristics included behaviors which pertained to knowledge of scientific principles and the ability to perform the skills necessary in giving direct patient care. Behaviors listed in the teacher category were those associated with providing purposeful learning assignments, feedback, and rewards to students. The behavior categorization key is found in Appendix I. Permission to use the instrument was obtained from the author and is found in Appendix J.

To test for content validity, Rauen (1970) developed a consultation instrument. Twenty-five graduate students

were asked to categorize each characteristic as to person role, nurse role, or teacher role. Any item identically categorized by the group of experts and Rauen was retained if it met with 80 percent agreement or greater. Characteristics not meeting this criterion were discarded or revised.

To establish reliability, Rauen used the test-retest method. Subtest reliability was determined by using the Spearman Rank-Order Correlation Coefficient. The test-retest coefficients obtained were as follows: Person Role Rho = 0.53; Nurse Role Rho = 0.75; and Teacher Role Rho = 0.47. Reliability of the CICRS as a whole was tested using the Spearman-Brown Prophecy Formula and was found to be 0.75 (Rauen, 1970).

The reliability of the CICRS instrument established by Rauen (1970) is attributed to instrument design. A combination of two factors, the rank ordering scale and the small number of item responses, contribute to a less than desirable reliability that is characteristic of this type of instrument.

Analyses of Data

The analyses of data included the use of descriptive and inferential statistics. Descriptive statistics were used for the demographic data and for each item on the CICRS. For both demographic data and item responses,

measures of central tendencies, ranges, and frequencies were used.

The t-test for independent means of the three hypotheses was employed. Responses to the last section of the CICRS were tested using the chi-square. The level of significance for the t-test and chi-square statistical analyses was set at $\alpha \leq 0.05$ (Knapp, 1978).

Summary

Seventy-five senior level nursing students' responses were used to determine the level of importance they placed on behaviors exhibited by nurse faculty chosen by students as nurse role models. The research design, sample, and data collection methodology were described. The development of the CICRS instrument was also documented.

IV. RESULTS

In this section a descriptive picture of the demographic data and the results of the statistical analyses will be presented.

Demographic Data

The sample consisted of 69 (92%) females and 6 (8%) males. Summarized age data for the subjects are presented in Table 1. Age range of the female subjects was 20 to 31 years with a mean age of 22.06 years. The male age range was 20 to 30 years with a mean age of 24.17 years. The age range of the 75 subjects was 20 to 31 years with a mean age of 22.23.

Table 1

Measures of Central Tendencies and Ranges for Age and Sex of Subjects

	Age, in Years, by Sex		
Measures of Central Tendencies and Ranges	Female (n = 69)	Male (n = 6)	Total (n = 75)
Mean	22.06	24.17	22.23
Median	22	23	22
Mode	21	23	21
Ranges	20-31	20-30	20-31

Median age of the entire sample was 22 years. The median age of females was 22 years while the median age of males was 23 years. The modal age for females was 21 years and for males was 23 years. The modal age for the entire sample was 21 years.

Sixty-nine or 92% of the subjects had previous hospital work experience in at least one job function. Sixty-five or 87% had worked as nurses' aides. Other jobs held in order of descending frequency were as follows: volunteers (8), ward clerks (2), emergency medical technician (1), and play therapist (1). Previous work experience of the subjects was requested in order for the researcher to eliminate responses from students who were registered nurses.

Instrument Scoring

Scores for each of the eighteen behaviors were placed in descending rank order. Scores of CICRS items were determined by multiplying the one through six rank given to each behavior by the number of students selecting each rank. Scores for each item were totaled and then ranked. The rank order of behaviors is found in Appendix K.

Respondents ranked five of the six nurse behaviors as being very important. One nurse behavior, "Demonstrates ability to do nursing skills," was ranked as relatively

unimportant. In contrast five of the six person behaviors were ranked as being relatively unimportant.

The person behavior "Shows interest in me as an individual" was the only person behavior ranked somewhat important. Teacher behaviors were evenly split in degree of importance.

The number of subjects who ranked person, nurse, or teacher behavior characteristic as "most important" are presented in Tables 2, 3, and 4. Total scores for person, nurse, and teacher categories were calculated for each of the seventy-five subjects (Appendix L).

Table 2

Number of Subjects Ranking Each Person Behavior as Most Important

Person Behavior	Number of Subjects Ranking Person Behavior as Most Important
Shows genuine interest in me as an individual	18
Encourages me to be "open," thereby respecting my opinions and feelings	9
Demonstrates honesty to me and others	9
Avoids embarrassing me	8
Demonstrates kindness during her daily interactions with people	5
Shows empathy to me and others	3

Table 3

Number of Subjects Ranking Each Nurse Behavior as Most Important

Nurse Behavior	Number of Subjects Ranking Nurse Behavior as Most Important
Demonstrates how to function in a real nursing situation	35
Demonstrates knowledge of scientific principles relative to patient care	20
Shows contagious enthusiasm for giving quality patient care	17
Shows a continued interest in applying improved methods of giving nursing care	14
Demonstrates ability to use scientific principles relative to patient care	12
Demonstrates ability to do nursing skills	8

Table 4

Number of Subjects Ranking Each Teacher Behavior as Most Important

Teacher Behavior	Number of Subjects Ranking Teacher Behavior as Most Important
Evaluates my progress in nursing in a fair manner	25
Gives assignments that help me transfer classroom concepts to actual patient care	13
Encourages me to think for myself	11
Rewards my efforts to give quality nursing care	11
Is available for help when I need her guidance	6
Suggests helpful resources when I have questions	1

Statistical Testing of Hypotheses

The t-test for independent means was used to test each of the three hypotheses. The results of the t-tests are located in Table 5. Hypothesis number one, there is no difference between the total ranking of the behaviors categorized as Person (P) and Nurse (N) as measured by the Clinical Instructor Characteristics Ranking Scale, was rejected ($p < .05$). There was a statistically significant difference in the mean ranking of the person and nurse behaviors. Nurse behaviors were ranked higher than person behaviors.

Table 5

t-Test for Independent Means Used in Testing the Hypotheses Comparing Behaviors Between and Among Roles of Person, Nurse and Teacher

Role Behavior Categories	t-Test Values
Person - Nurse	-4.24*
Teacher - Nurse	-.34
Person - Teacher	-.86

*$p < .05$

Hypothesis two, there is no difference between the total ranking of the behaviors categorized as Teacher (T) and Nurse (N) as measured by the Clinical Instructor Characteristics Ranking Scale, was not rejected ($p > .05$). There was no statistically significant difference in the mean rankings of teacher and nurse behaviors.

Hypothesis three, there is no difference between the total ranking of the behaviors categorized as Person (P) and Teacher (T) as measured by the Clinical Instructor Characteristics Ranking Scale, was not rejected ($p > .05$). There was no statistically significant difference in the mean ranking of person and teacher behaviors. Means and standard deviations of subjects' ranking of person, nurse, and teacher behaviors are presented in Table 6.

Table 6

Means and Standard Deviations of Subjects' Ranking of Person, Nurse, and Teacher Role Behaviors

Role Behavior Category	Mean	sd
Person	19.15	4.51
Nurse	22.63	5.66
Teacher	21.41	12.53

The chi-square was used to test the responses to the last section of the Clinical Instructor Characteristics Ranking Scale, namely, the rerankings within the categories of person, nurse, and teacher. The result of the chi-square indicated that there was a difference in the number of person, nurse, and teacher behavior characteristics rated as most important (Table 7).

Table 7

Frequency of Rerankings of Items Within the Categories of Person, Nurse, and Teacher Role Behaviors Ranked as the Most Important and the Chi-Square Result (n = 75)

	Role Behavior Categories			
	Person	Nurse	Teacher	Chi-square
Frequency of Rerankings	16	39	20	12.08*

* $p > .05$

A second chi-square was done using the same procedure on the reranking of second most important items on the last section of the instrument. For this section of the instrument no difference was found in the number of subjects choosing person, nurse, or teacher as the second most important behavior. Table 8 presents the chi-square result.

Table 8

Frequency of Rerankings of Items Within the Categories of Person, Nurse, and Teacher Role Behaviors Ranked as Second Most Important and the Chi-Square Result
(n = 75)

	Role Behavior Categories			
	Person	Nurse	Teacher	Chi-square
Frequency of Rerankings	20	25	30	3.0

Summary

Descriptive data regarding age and sex of the seventy-five subjects were presented. From the frequency of ranking data, it was concluded that subjects more frequently ranked nurse behavior characteristics as the most important. Teacher behaviors were more frequently ranked second while person role behavior characteristics were more frequently ranked least important.

The first hypothesis was rejected. Nurse role behaviors were ranked higher than person role behaviors. Hypotheses two and three were not rejected as no statistically significant differences between the role behaviors of teacher and nurse and between person and teacher were found.

V. DISCUSSION

The following section will include a discussion of the major findings of the study and the implications of the research. Recommendations for further research will be presented.

Major Findings

Rauen's 1970 CICRS instrument was used to determine the level of importance seventy-five senior nursing students placed on the role behaviors in the person, nurse, and teacher categories. Nursing students were asked to assign a rank of one through six to the degree of importance they placed on each role behavior in their own nurse role model.

It was concluded from the frequency of ranking data that subjects more frequently ranked nurse behavior characteristics higher than either person or teacher role behaviors. Five of the six nurse behaviors were ranked as being relatively important while five of the six person behaviors were ranked as being relatively unimportant. The six teacher role behaviors were evenly split in degree of importance.

It was concluded from the statistical testing of the first hypothesis that subjects ranked nurse behaviors higher than person behaviors. Statistical testing of hypotheses two and three resulted in no significant

differences between the role behaviors of teacher and nurse as well as person and teacher.

Findings from the analyses of descriptive data and hypothesis one support the studies conducted by Rauen (1970) and Stuebbe (1980). Both Rauen and Stuebbe found that students valued behaviors from the nurse role category over those in the person and teacher role categories.

Research and nonresearch literature concerning social learning and modeling theory and role theory has been produced by Bandura and Huston (1961); Brim (1966); Bandura (1969); Bandura (1976); and Hardy and Conway (1978). This theoretical framework provided the support for this study that modeling of behavior may occur.

Based on social learning and modeling theory and role theory this study assumed that society has ascribed the nurse role with a specific set of role behaviors. It was further assumed that the nursing student could identify these nurse role behaviors and learn the role of the nurse by observation and/or performance of the nurse behaviors.

The lack of statistically significant differences in the testing of hypotheses two and three may be attributed to the characteristics of the sample. The nursing student may be exposed to such a wide variety of role models in the medical center setting that the influence of their nurse faculty as nurse role model would be decreased. Ninety-two

percent of the subjects had previous hospital work experience in at least one job function. Such prior experience may have resulted in an early exposure to nurse role models which would allow subjects in the academic setting a greater opportunity to focus on person or teacher role behaviors of their nurse faculty.

Time limitations with individual nurse faculty in addition to the large number of nurse faculty contacts may have affected the subjects' ability to identify significant nurse role behaviors. It is also conceivable that the lack of statistically significant differences in the testing of hypotheses two and three may be attributed to the CICRS instrument in that the instrument may not have tapped behaviors which subjects considered as most important.

Implications of Research

Analysis of descriptive data suggested nurse role behaviors were more frequently ranked highest. Teacher role behaviors were more frequently ranked second while behaviors associated with person role were more frequently rated third.

Implications of these findings suggest that students may expect nurse faculty to serve as their nurse role model. When possible, nurse faculty should accompany their students on the clinical area rather than expecting the agency staff, who have other responsibilities, to function as the students primary teacher. Nurse faculty on the clinical area may

provide students with a nurse role model while at the same time teaching and exhibiting personal characteristics which encourage learning and improvement in interpersonal relationship skills.

When selecting preceptors for students, nurse faculty should select those preceptors who display nurse role model behaviors that promote student socialization into the profession. Preceptors should not be chosen because of clinical expertise alone, but should also have an understanding of teaching-learning principles, interpersonal relationship skills, and the ability to put these skills into practice.

When it is not feasible for nurse faculty to teach in the clinical area, faculty may provide students with nurse role modeling behaviors by citing clinical examples when presenting didactic course content. This may provide the student with an opportunity to perceive the nurse faculty as a teacher, nurse, and person while at the same time promoting transfer of learning from theory to the clinical area.

Recommendations for Further Research

Since the literature and research support the premise that modeling of behavior will occur, the following four implications for further study in the area of role modeling are suggested.

This study consisted of sixty-nine female and six male subjects. The researcher recommends that the study be replicated using only male nursing subjects. As increasing numbers of males are enrolling in schools of nursing, it would be valuable for nurse faculty to determine the role behaviors male subjects view as important in nurse faculty. Nurse faculty could then provide students with male nurse role models, if not actual, then at least theoretically.

A second implication for additional study lies in the area of the adult learner. As the trend continues for an increasing number of adult learners to earn a baccalaureate degree in nursing, an attempt should be made to determine their role expectations of nurse faculty. Does the older student attach the same level of importance to nurse role behaviors as the younger student or might the older student place greater value on person or teacher role behaviors?

The researcher recommends that the third area for study compare graduate nursing students' expectations of faculty role behavior to those of senior level nursing students. A fourth suggestion for the further research is that of replicating the studies of Melick and Bellinger (1979) and Stuebbe (1980), both of whom compared role expectations of nurse faculty to role expectations of students. Both studies found discrepancies in role expectations. Students may want their nurse faculty to

serve as nurse role models while faculty may view themselves as teacher or person role models.

The literature and this study support the position that nurse faculty should become aware of the role model they are portraying. Students may be socialized into the nursing profession with less difficulty if nurse faculty exhibited role behaviors which are meaningful to students. Nurse faculty should be cognizant of the fact that modeling is likely to occur in any one or all of the person, nurse, or teacher role categories.

Summary

This section presented a discussion of the major findings of the study. Based on these findings, the researcher discussed the implications for nurse faculty in providing students with role model behaviors in the person, nurse, and teacher categories. Recommendations for further research were presented.

VI. SUMMARY

Summary of Study

The problem of this study was to determine what level of importance nursing students gave to behaviors exhibited by nurse faculty chosen by students as their nurse role model. Role behaviors in the person, nurse, and teacher categories were examined.

With the approval of the Institutional Review Board at the Medical Center and with the support of the undergraduate administrator, senior level generic nursing students in the baccalaureate nursing program were asked to be participants in this study. The sample consisted of seventy-five volunteer subjects. Sixty-nine were female and six were male.

Permission to use the Clinical Instructor Characteristics Ranking Scale (CICRS) instrument was obtained from the author. Reliability and validity of the CICRS were established by Rauen (1970). Each study subject was asked to complete the CICRS questionnaire and provide the researcher with selected biographical information.

The theoretical framework used for this study was Bandura's social learning and modeling theory and role theory. Based on this theoretical framework, the researcher assumed that it was possible for nursing students to value

role behaviors of nurse faculty in the categories of nurse, person, and teacher. The studies of Rauen (1970) and Stuebbe (1980) provided the researcher with support that nursing students valued nurse role behaviors and faculty need to be aware of the model they are portraying.

The frequency of rankings by study subjects indicated that they ranked behaviors categorized as nurse role behaviors highest. Teacher role behaviors were ranked next highest, while person role behaviors were ranked last.

The researcher tested three hypotheses and found there was a statistically significant difference between the rankings of nurse and person role behaviors, with the nurse role behavior ranking highest. Hypotheses two and three showed no statistically significant differences in subjects' rankings between teacher and nurse and person and teacher role behaviors. The medical center setting and previous hospital work experience by subjects were given as possible explanations for the non-rejection of hypotheses two and three.

Recommendations for further study were presented. The researcher recommended that the study be replicated in two areas, these areas being with male nursing students and with nursing students who are adult learners. It was recommended that research be conducted to compare graduate students' role expectations of nurse faculty to

senior level students' role expectations of nurse faculty. Comparison of role behavior expectations of nurse faculty to role behavior expectations of students was also suggested as an area for further study.

VII. APPENDIX

APPENDIX A

3975 I-55 North
Apartment Y-6
Jackson, Mississippi 39216

September 21, 1981

Dr. Edrie George
Dean and Professor of Nursing
School of Nursing
University of Mississippi
2500 North State Street
Jackson, Mississippi 39216

Dear Dr. George:

I am a graduate student enrolled in the University of Mississippi School of Nursing. My clinical concentration is psychiatric-mental health nursing and my functional role of preparation is teaching. My thesis advisory committee will meet on September 28, and I have no reason to believe that my proposal will not be approved. My thesis topic is "Characteristics Students View as Important in Nurse Faculty Role Models."

This letter is to request your approval to use generic senior nursing students in the baccalaureate program who will volunteer to serve as subjects. The students who agree to serve as subjects will be assured of anonymity and will be asked to respond to a questionnaire. The time needed to complete the questionnaire is approximately twenty minutes.

Thank you for your consideration.

Sincerely,

Geneva Cooper

Geneva Cooper

enc:
cc: Ms. Jeanette Waits
Acting Associate Dean for Undergraduate Studies

I give Geneva Cooper permission to use the senior level baccalaureate nursing students as subjects for data collection.

Yes_____

No _____

Date _____

_____
Signature

APPENDIX B

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street
JACKSON, MISSISSIPPI 39216

School of Nursing
Office of the Dean

Area Code 601
987-4720

September 24, 1981

Ms. Geneva Cooper
3975 I-55 North
Apartment Y-6
Jackson, Mississippi 39216

Dear Ms. Cooper:

I am responding to your letter of September 21, 1981, requesting permission to use a group of student nurses in your study. Before students can participate in research, studies must be approved by the University of Mississippi Institutional Review Board. The chairman of the committee is Dr. James L. Achord. If you secure permission from Dr. Achord, we will be glad to assist you in any way we can.

Best wishes.

Sincerely,

Edrie J. George

Edrie J. George, Ed.D.
Dean
School of Nursing

EJG:mm

APPENDIX C

To: James L. Achord, M. D.
Chairperson, Institutional Review Board

From: Geneva Cooper, R. N.
Graduate Student, School of Nursing

Subject: IRB Review

I would like to request exemption from the IRB review for the study "Characteristics Students view as Important in Nurse Faculty Role Models," pending approval under 46.101 (b) (3) of 45 CFR part 56. In addition, I am requesting that the study be conducted without requiring written informed consent.

All student participants will be volunteers. A cover letter attached to the questionnaire as well as an oral explanation about the study will be given. Each student will be provided with a written statement to the effect that anonymity will be assured.

Thank you for your consideration.

APPENDIX D

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street
JACKSON, MISSISSIPPI 39216
School of Nursing
Area Code 601
987-4720

October 7, 1981

Dr. James L. Achord
Professor of Medicine
Chairman, Institutional Review Board
University of Mississippi
2500 North State Street
Jackson, Mississippi 39216

Dear Dr. Achord:

I recommend that you exempt from IRB review, under 46.101(b) (3) of 45 CFR Part 56, the thesis proposal of Mrs. Geneva Cooper. She wishes to collect data during the 1981-82 academic year, to ascertain the degree of importance that nursing students assign to specified behaviors of nurse faculty which the students perceive as characteristic of their nurse role model. She plans to collect data by questionnaire and will provide each subject with a written statement that (1) explains the purpose of the study, (2) informs the person that by responding to the questionnaire, he or she is giving consent for use of the data in the study, and (3) assures anonymity. Her proposal has been approved by her Thesis Advisory Committee which is composed of Dr. Harriet Schneider as chairman, Mrs. Sallye Wilcox and myself.

Mrs. Cooper is a student in the University of Mississippi School of Nursing Graduate Program with a clinical concentration in psychiatric-mental health nursing and functional role preparation in teaching. She has practiced and taught nursing and completed courses in Statistics and Research Methods; thus, she is qualified to plan and conduct the study.

Sincerely,

Willamay Whitner

Willamay Whitner, R.N., Ed.D.,
Professor of Nursing and
Associate Dean for Graduate Studies
School of Nursing

WW/jt

APPENDIX E

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street
JACKSON, MISSISSIPPI 39216

School of Medicine
Department of Medicine
Division of Digestive Diseases

Area Code 601
987-3740

12 October 1981

Ms. Geneva Cooper
3975 I-55 North
Apartment Y-6
Jackson, MS 39216

Re protocol: "Characteristics Students View as Important in Nurse Faculty Role Models"

Dear Ms. Cooper:

Thank you for submitting the protocol of the above study which does qualify for an exempt status. An informed consent documentation will not be required.

This protocol will remain in our "Exempt" files but further communication with the IRB will not be necessary.

Sincerely,

James L. Achord, M.D.

James L. Achord, M. D., Chairman
Institutional Review Board

JLA:mjg

cc: Willamay Whitner, R.N., Ed.D.

APPENDIX F

Dear Student:

As partial fulfillment for a Master of Science Degree in Nursing at the University of Mississippi, a research study is required. My study concerns characteristics which nursing students view as most important for their nurse faculty to demonstrate. I would greatly appreciate your answering biographic information and the questionnaire on the following pages. Completion and return of the questionnaire will grant your permission for use of this data. Anonymity will be assured--remember, please do not sign your name.

The instrument on the following page is a rank order scale. Directions are printed at the top of the instrument, but I will also review directions with you at this time.

A copy of the abstract will be made available to you when the study is completed. Thank you for your time and cooperation.

Best wishes in your nursing career.

Geneva Cooper GC
Graduate Student
University of Mississippi

APPENDIX G

BIOGRAPHICAL INFORMATION

Age _____

Sex: Male _____ Female _____

Have you ever worked in a hospital? Yes_____ No_____

If yes, in what job function did you work?

RN _____

LPN _____

Aide _____

Volunteer _____

Other (please specify) _____

APPENDIX H

CLINICAL INSTRUCTOR CHARACTERISTICS RANKING SCALE

Listed below are three groups of characteristics of a clinical instructor. Each group lists six characteristics. In your opinion, which of the listed characterestics are most important to you to help you become the type of nurse that you wish to become?

In the following three groups, please rank each characteristic, giving the number 6 to the most important characteristic and the number 1 to the least important characteristic to you. The other numbers should be given accordingly, with 5 the second most important characteristic, and so on. There are three groups to rank.

**Remember in ranking the characteristics to choose a nurse faculty you consider to be your nurse role model!

GROUP A

____Is available for help when I need her guidance.
____Demonstrates Knowledge of scientific principles relative to patient care.
____Shows genuine interest in me as an individual.
____Gives assignments that help me transfer classroom concepts to actual patient care.
____Demonstrates ability to do nursing skills (such as nursing Procedures).
____Encourages me to be "open," thereby respecting my opinions and feelings.

GROUP B

____Demonstrates honesty to me and others.
____Demonstrates ability to use scientific principles relative to patient care.
____Suggests helpful resources when I have questions.
____Demonstrates how to function in a real nursing situation.
____Avoids embarrassing me.
____Encourages me to think for myself.

GROUP C

____Shows contagious enthusiasm for giving quality patient care.
____Evaluates my progress in nursing in a fair manner.
____Rewards my efforts to give quality nursing care.
____Shows empathy to me and others.
____Demonstrates kindness during her daily interactions with people.
____Shows a continued interest in applying improved methods of giving nursing care.

Above you have 3 number 6's. Please rank the 6's in order of their importance to you, giving rank 3 to the most important.

Rank 3: #6 in Group____
Rank 2: #6 in Group____
Rank 1: #6 in Group____

Now do the same for the characteristics marked with #5's above.

Rank 3: #5 in Group____
Rank 2: #5 in Group____
Rank 1: #5 in Group____

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Rauen, K. D. 1974. The clinical instructor as role model. Journal of Nursing Education. 13:36.

APPENDIX I

CLINICAL INSTRUCTOR CHARACTERISTICS RANKING SCALE

N = Nurse T = Teacher P - Person

Listed below are three groups of characteristics of a clinical instructor. Each group lists six characteristics. In your opinion, which of the listed characteristics are most important to you to help you become the type of nurse that you wish to become?

In the following three groups, please rank each characteristic, giving the number 6 to the most important characteristic and the number 1 to the least important characteristic to you. The other numbers should be accordingly, with 5 the second most important characteristic, and so on. There are three groups to rank.

GROUP A

__T__ Is available for help when I need her guidance.
__N__ Demonstrates knowledge of scientific principles relative to patient care.
__P__ Shows genuine interest in me as an individual.
__T__ Gives assignments that help me transfer classroom concepts to actual patient care.
__N__ Demonstrates ability to do nursing skills (such as nursing procedures).
__P__ Encourages me to be "open," thereby respecting my opinions and feelings.

GROUP B

__P__ Demonstrates honesty to me and others.
__N__ Demonstrates ability to use scientific principles relative to patient care.
__T__ Suggests helpful resources when I have questions.
__N__ Demonstrates how to function in a real nursing situation.
__P__ Avoids embarrassing me.
__T__ Encourages me to think for myself.

GROUP C

__N__ Shows contagious enthusiasm for giving quality patient care.
__T__ Evaluates my progress in nursing in a fair manner.
__T__ Rewards my efforts to give quality nursing care.
__P__ Shows empathy to me and others.
__P__ Demonstrates kindness during her daily interactions with people.
__N__ Shows a continued interest in applying improved methods of giving nursing care.

Above you have 3 number 6's. Please rank the 6's in order of their importance to you, giving rank 3 to the most important.

Rank 3: #6 in Group ____
Rank 2: #6 in Group ____
Rank 1: #6 in Group ____

Now do the same for the characteristics marked with #5's above.

Rank 3: #5 in Group ____
Rank 2: #5 in Group ____
Rank 1: #5 in Group ____

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APPENDIX J

3975 I-55 North
Apartment Y-6
Jackson, Mississippi 39216
August 1, 1981

Mrs. Karen C. Rauen
10406 North Sunflower Court
Mequon, Wisconsin 53092

Dear Mrs. Rauen

This letter is to confirm our earlier telephone conversation regarding your giving me permission to use the "Clinical Instructor Characteristics Ranking Scale" instrument you developed.

I greatly appreciate your permission to use your instrument for purposes of my study. When completed, I will be more than happy to share my findings with you.

For your convenience, I am sending the form below as written confirmation of your consent.

Sincerely

Geneva Cooper

Geneva Cooper

I give Geneva Cooper permission to use the Clinical Instructor Characteristics Ranking Scale which I developed, provided that I am credited in writing with the development of the scale.

Yes X
No _____

Date Aug. 10, 1981

Karen C. Rauen
Signature

APPENDIX K

Descending Rank Order of Importance Assigned by the Subjects (n = 75) to the Eighteen CICRS Items Categorized as Person, Nurse, and Teacher Role Behaviors

Rank	Role Category	Role Behavior
1	N	Demonstrates how to function in a real nursing situation.
2	T	Evaluates my progress in nursing in a fair manner.
3	T	Encourages me to think for myself.
4	N	Demonstrates knowledge of scientific principles relative to patient care.
5	T	Rewards my efforts to give quality nursing care.
6	N	Demonstrates ability to use scientific principles relative to patient care.
7	N	Shows a continued interest in applying improved methods of giving nursing care.
8	N	Shows contagious enthusiasm for giving quality patient care.
9	P	Shows genuine interest in me as an individual.
10	P	Encourages me to be "open," thereby respecting my opinions and feelings.
11	P	Demonstrates honesty to me and others.

Descending Rank Order of Importance Assigned by the Subjects (n = 75) to the Eighteen CICRS Items Categorized as Person, Nurse, and Teacher Role Behaviors (continued)

Rank	Role Category	Role Behavior
12	T	Gives assignments that help me transfer classroom concepts to actual patient care.
13	T	Is available for help when I need her guidance.
14	N	Demonstrates ability to do nursing skills (such as nursing procedures).
15	P	Avoids embarrassing me.
16	P	Demonstrates kindness during her daily interactions with people.
17	P	Shows empathy to me and others.
18	T	Suggests helpful resources when I have questions.

APPENDIX L

Total Scores for Individual Subject's (n = 75) Rankings of CICRS Behaviors in the Person, Nurse, and Teacher Role Categories

Subject Number	Role Category		
	Person	Nurse	Teacher
1	21	17	24
2	15	23	25
3	17	32	19
4	18	28	17
5	22	16	25
6	16	24	23
7	18	30	20
8	11	33	19
9	16	22	25
10	15	29	19
11	23	17	20
12	27	14	19
13	23	13	27
14	26	17	23
15	28	14	21
16	18	26	19
17	20	24	19
18	28	16	19
19	26	14	23

Total Scores for Individual Subject's (n = 75)
Rankings of CICRS Behaviors in the Person,
Nurse, and Teacher
Role Categories
(continued)

Subject Number	Role Category		
	Person	Nurse	Teacher
20	20	20	23
21	27	15	21
22	17	26	20
23	21	19	23
24	19	30	14
25	19	24	20
26	15	26	22
27	11	28	24
28	19	23	21
29	20	19	24
30	17	23	23
31	17	24	22
32	17	24	22
33	11	27	25
34	26	15	22
35	25	13	25
36	19	30	14
37	20	21	21
38	19	22	22

Total Scores for Individual Subject's (n = 75)
Rankings of CICRS Behaviors in the Person,
Nurse, and Teacher
Role Categories
(continued)

Subject Number	Role Category		
	Person	Nurse	Teacher
39	25	19	19
40	17	18	28
41	18	22	23
42	17	20	26
43	12	27	24
44	13	27	24
45	20	21	22
46	17	26	21
47	20	21	22
48	24	17	22
49	17	18	28
50	25	20	18
51	26	21	16
52	19	25	19
53	25	24	14
54	21	15	27
55	21	26	15
56	14	32	17
57	25	16	22

Total Scores for Individual Subject's (n = 75)
Rankings of CICRS Behaviors in the Person,
Nurse, and Teacher
Role Categories
(continued)

Subject Number	Role Category		
	Person	Nurse	Teacher
58	20	22	21
59	10	26	27
60	20	27	16
61	18	30	15
62	13	29	21
63	25	15	24
64	13	26	24
65	20	19	24
66	13	30	20
67	15	32	17
68	14	33	22
69	21	17	25
70	19	23	21
71	23	16	24
72	21	14	28
73	15	33	15
74	20	27	16
75	13	25	25

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